

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003890 (9)

1. Corporation Name

IRWIN SPORTS, INC.

Principal Place of Business

2200 CORPORATE BLVD. NW
306
BOCA RATON FL 33431
US

Mailing Address

2200 CORPORATE BLVD. NW
306
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1995

4. FEI Number

98-0107197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fee

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2200 Corporate Blvd. N.W.

Suite, Apt. #, etc.

22 306

City & State

23 Boca Raton, Florida

Zip

24 33431

Country

25 U.S.A.

2a. Mailing Address

26 2200 Corporate Blvd. N.W.

Suite, Apt. #, etc.

27 306

City & State

28 Boca Raton, Florida

Zip

29 33431

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	IRWIN, PETER	
STREET ADDRESS	43 HANNA AVE.	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M6K -1X6	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SAKOLSKY, CHARLES	
STREET ADDRESS	2200 CORPORATION BLVD. NW	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PRYDE, SUSAN	
STREET ADDRESS	43 HANNA AVENUE	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M6K -1X6	

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	YOST, ELLEN G	
STREET ADDRESS	50 FOUNTAIN PLAZA, #1320	
CITY-ST-ZIP	BUFFALO NY 14202	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IRWIN, PETER	
1.3 STREET ADDRESS	43 HANNA AVENUE	
1.4 CITY-ST-ZIP	TORONTO, ONTARIO CANADA M6K 1X6	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAKOLSKY, CHARLES	
2.3 STREET ADDRESS	2200 CORPORATE BLVD. N.W.	
2.4 CITY-ST-ZIP	BOCA RATON FL 33431	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		


4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HALE, DOUGLAS	
5.3 STREET ADDRESS	175-8th AVENUE SOUTH	
5.4 CITY-ST-ZIP	NAPLES FL. 33940	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN PRYDE

FEBRUARY 11, 1998

Ext'n. 4429
(416) 583-4548
Date Daytime Phone # 0325342

CR2E034 (10/97)